

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027841

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

179

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WASHINGTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY FRANKLIN

c. CITY OR TOWN R.R. # 2

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
UNION

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
ANTHONY JOSEPH HABERBERGER

4. DATE OF DEATH  
Month Day Year  
JULY 31 1963

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
FEB. 27, 1920

9. AGE (last birthday)  
43

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SELF EMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY  
TRUCKING

11. BIRTHPLACE (City and state or country)  
VILLA RIDGE, MO.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

CASPER HABERBERGER

13b. MOTHER'S MAIDEN NAME

ALVINA HANNEKEN

14. NAME OF HUSBAND OR WIFE

MARY JEANNE HABERBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

YES WORLD WAR II

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. ANTHONY HABERBERGER R.R. #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral edema

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Delirium Tremens

DUE TO (c)

Acute Brain Syndrome

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not reported as a contributing disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-28-63 to 7-31-63 and last saw her alive on 7-31-63  
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

AUG. 3, 1963

ST. JOHNS CEMETERY

GILDEHAUS

MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

OLTMANN FUNERAL HOME UNION, MO.

8/3/63

Leola C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

10365

2 12364

3

4 0

5 1

6

7 2

8 1

9 307X

10

11

12 2-0

13 5-0

AUG 8 1963

AUG 13 1963

AUG 16 1963

**STATEMENT BY LICENSED EMBALMER,**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph Olmann*

Licensed Embalmer No.

*4808*

P. O. Address

*Union, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.